

<i>SERFF Tracking Number:</i>	<i>JACK-126427835</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Jackson National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44418</i>
<i>Company Tracking Number:</i>	<i>X5300 11/09</i>		
<i>TOI:</i>	<i>A02.11 Individual Annuities- Deferred Non- Variable and Variable</i>	<i>Sub-TOI:</i>	<i>A02.11.002 Flexible Premium</i>
<i>Product Name:</i>	<i>Fixed Annuity Application</i>		
<i>Project Name/Number:</i>	<i>Fixed Annuity Application/X5300 11/09</i>		

## Filing at a Glance

Company: Jackson National Life Insurance Company

Product Name: Fixed Annuity Application	SERFF Tr Num: JACK-126427835	State: Arkansas
TOI: A02.11 Individual Annuities- Deferred Non- Variable and Variable	SERFF Status: Closed-Approved- Closed	State Tr Num: 44418
Sub-TOI: A02.11.002 Flexible Premium	Co Tr Num: X5300 11/09	State Status: Approved-Closed
Filing Type: Form		Reviewer(s): Linda Bird
	Authors: Julie Hughes, Lynda Neese, Lynne Gerding, Sarah Hernandez	Disposition Date: 01/05/2010
	Date Submitted: 12/28/2009	Disposition Status: Approved- Closed
Implementation Date Requested: 02/15/2010		Implementation Date:

State Filing Description:

## General Information

Project Name: Fixed Annuity Application  
Project Number: X5300 11/09  
Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed  
Date Approved in Domicile:  
Domicile Status Comments: The form is exempt from filing with Michigan, our State of domicile, by Order No. 97-010-M, which was issued and entered January 29, 1997, effective February 1, 1997.  
Market Type: Individual  
Group Market Size:  
Group Market Type:  
Explanation for Other Group Market Type:  
State Status Changed: 01/05/2010  
Created By: Lynne Gerding  
Corresponding Filing Tracking Number: X5300 11/09

Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:  
Filing Status Changed: 01/05/2010

Deemer Date:  
Submitted By: Sarah Hernandez

SERFF Tracking Number: JACK-126427835 State: Arkansas  
Filing Company: Jackson National Life Insurance Company State Tracking Number: 44418  
Company Tracking Number: X5300 11/09  
TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium  
Variable and Variable  
Product Name: Fixed Annuity Application  
Project Name/Number: Fixed Annuity Application/X5300 11/09

**Filing Description:**

Submitted for review and approval is the above-referenced application form. This is a new form and will replace the Fixed Annuity Applications outlined below.

**Form Number -- Form Description -- Approval Date**

X0928F -- Flexible Premium or Single Premium Deferred Fixed Annuity Application -- 01/08/2002

X0928H -- Fixed Annuity Application -- 11/20/2002

F2492C -- Guaranteed Period Annuity Application - JNL Target Select -- 01/15/2002

Form X5300 11/09 is an individual deferred fixed annuity application used to elect the purchase of any Jackson National Life Insurance Company individual deferred fixed annuity contract that has been previously approved by your Department, or any subsequently approved individual deferred fixed annuity contracts that Jackson National Life Insurance Company may develop in the future.

Form X5300 11/09 contains fraud language that is specific to individual states. The language is clearly identified as to those states.

These forms are exempt from filing with Michigan, our state of domicile, by Order No. 97 010 M, which was issued and entered January 29, 1997, effective February 1, 1997.

These forms will be issued by Jackson National Life Insurance Company, and will be marketed to the general public by appropriately licensed independent agents/producers and also by appropriately licensed registered representatives through broker/dealers and financial institutions. The issue ages for the underlying policies are 0 to 85 for guaranteed period annuity contracts or 0 to 90 for all other individual deferred fixed annuity policies.

We have reviewed the enclosed form and certify that to the best of our knowledge and belief the provisions of the form comply with the applicable laws and regulations of your jurisdiction. With regard to Regulation 19, Jackson National Life hereby certifies that we do NOT discriminate based on sex in the sale of insurance.

We will receive customer information required to issue a contract from an agent, broker, or financial representative. This information may be forwarded to us by facsimile, telephone, or electronically via the Internet, an extranet, or secure network. We would then issue the annuity contract based upon the information received from the agent, broker or financial representative. The annuity contract, including any contract data page, would then be delivered to the customer. We will maintain appropriate procedures to ensure the truth and accuracy of customer information received from the agent, broker or financial representative

Any variables within the form have been bracketed and generally consist of names, dates and numbers. The form, when

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Variable and Variable  
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issued, may vary in format, paper size, border, Company logo or number of pages. Should any variable data, such as specific product selections or option benefits, be added to (upon approval from your Department) or removed from the form, a margin shift may occur, with some sections moving from one page to the next. The form may also print as two-sided pages versus one-sided pages. Additionally, a small square bar code with or without a mm/dd/yyyy date may be placed in the far bottom left-hand corner. This barcode will not obscure the filed form number.

I look forward to your favorable review. If I can be of any assistance to you, or if additional information is required, please contact me by telephone at 800/317-7989, by facsimile at 517/706-5522, or by email at pd&sf@jackson.com.

## Company and Contact

### Filing Contact Information

Sarah Hernandez, Analyst pd&sf@jackson.com  
1 Corporate Way 800-317-7989 [Phone]  
Lansing, MI 48951 517-706-5522 [FAX]

### Filing Company Information

Jackson National Life Insurance Company CoCode: 65056 State of Domicile: Michigan  
1 Corporate Way Group Code: 918 Company Type:  
Lansing, MI 48915 Group Name: State ID Number:  
(800) 317-7989 ext. [Phone] FEIN Number: 38-1659835

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$20.00  
Retaliatory? No  
Fee Explanation: \$20.00 per form - 1 form  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Jackson National Life Insurance Company	\$20.00	12/28/2009	33131300

<i>SERFF Tracking Number:</i>	<i>JACK-126427835</i>	<i>State:</i>	<i>Arkansas</i>
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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved-Closed	Linda Bird	01/05/2010	01/05/2010

<i>SERFF Tracking Number:</i>	<i>JACK-126427835</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>X5300 11/09</i>		
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## **Disposition**

Disposition Date: 01/05/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		Yes
<b>Supporting Document</b>	Life & Annuity - Acturial Memo		No
<b>Supporting Document</b>	Statement of Variability		Yes
<b>Supporting Document</b>	AR - Certification Notice		Yes
<b>Form</b>	Fixed Annuity Application		Yes

SERFF Tracking Number: JACK-126427835 State: Arkansas

Filing Company: Jackson National Life Insurance Company State Tracking Number: 44418

Company Tracking Number: X5300 11/09

TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium  
Variable and Variable

Product Name: Fixed Annuity Application

Project Name/Number: Fixed Annuity Application/X5300 11/09

## Form Schedule

**Lead Form Number: X5300 11/09**

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	X5300 11/09	Application/Fixed Annuity Enrollment Application Form	Initial		52.200	X5300 11-09 application form 12-28-09.pdf

# FIXED ANNUITY APPLICATION [(07/10)]



[Home Office: Lansing, Michigan]  
www.jackson.com]

**First Class Mail:** P.O. Box 30421  
Lansing, MI 48909-7921

**Overnight Mail:** 1 Corporate Way  
Lansing, MI 48951

**Customer Care:** 800-873-5654  
**Bank or Financial Institution Customer Care:** 800-777-7779  
**Fax:** 517-706-5538  
**Hours:** 8:00 a.m. to 8:00 p.m. ET  
**Email:** contactus@jackson.com

**Broker/Dealer or External Account No.** (if applicable)

• **PLEASE PRINT**

**Primary Owner**

- If Owner (and/or Joint Owner) is not a U.S. Citizen and/or a U.S. Resident, Form [W-9] or Form [W-8BEN] (as applicable) is required with application.

**Type of Ownership:** ☐ Individual/Joint ☐ Trust ☐ Custodian ☐ Corporation/Pension Plan

**Social Security Number**

or **Tax I.D. Number**

**Sex** Male ☐ Female ☐

**U.S. Citizen** Yes ☐ No ☐

**First Name**

**Middle Name**

**Last Name**

**Non-Natural Owner/Entity Name** (if applicable)

**Date of Birth** (mm/dd/yyyy)

**Telephone Number** (including area code)

**Email Address**




**Physical Address Line 1 (No P.O. Boxes)**

**Line 2**

**City**

**State**

**ZIP Code**




**Mailing Address Line 1**

**Line 2**

**City**

**State**

**ZIP Code**




**Joint Owner**

- Proceeds will be distributed in accordance with the Contract on the first death of either Owner.

**First Name**

**Middle Name**

**Last Name**

**Social Security Number**

**Date of Birth** (mm/dd/yyyy)

**Sex**

**U.S. Citizen**



Male ☐ Female ☐

Yes ☐ No ☐

**Email Address**

**Relationship to Owner**

**Telephone Number** (including area code)

☐ Spouse  
☐ Other

**Physical Address Line 1 (No P.O. Boxes)**

**Line 2**

**City**

**State**

**ZIP Code**





## Primary Annuitant

☐ Same as Owner Sex Male ☐ Female ☐ U.S. Citizen Yes ☐ No ☐

First Name Middle Name Last Name

--	--	--

Social Security Number Date of Birth (mm/dd/yyyy) Telephone No. (including area code) Relationship to Owner

	/ /	( )	<input type="checkbox"/> Spouse <input type="checkbox"/> Other _____
--	-----	-----	---

Physical Address Line 1 (No P.O. Boxes) Line 2

--	--

City State ZIP Code

--	--	--

## Joint Annuitant

☐ Same as Joint Owner Sex Male ☐ Female ☐ U.S. Citizen Yes ☐ No ☐

First Name Middle Name Last Name

--	--	--

Social Security Number Date of Birth (mm/dd/yyyy) Telephone No. (including area code) Relationship to Owner

	/ /	( )	<input type="checkbox"/> Spouse <input type="checkbox"/> Other _____
--	-----	-----	---

Physical Address Line 1 (No P.O. Boxes) Line 2

--	--

City State ZIP Code

--	--	--

## Beneficiary(ies)

☐ Primary  % Percentage of Death Benefit

Individual Name (First, Middle, Last) or Non-Natural Entity Name

--

Social Security/Tax I.D. Number Date of Birth (mm/dd/yyyy) Relationship to Owner

	/ /	<input type="checkbox"/> Spouse <input type="checkbox"/> Other _____
--	-----	---

☐ Primary ☐ Contingent  % Percentage of Death Benefit

Individual Name (First, Middle, Last) or Non-Natural Entity Name

--

Social Security/Tax I.D. Number Date of Birth (mm/dd/yyyy) Relationship to Owner

	/ /	
--	-----	--

☐ Primary ☐ Contingent  % Percentage of Death Benefit

Individual Name (First, Middle, Last) or Non-Natural Entity Name

--

Social Security/Tax I.D. Number Date of Birth (mm/dd/yyyy) Relationship to Owner

	/ /	
--	-----	--

• Complete this section if different from Owner.

• Complete this section if different from Joint Owner.

It is required for Good Order that the Death Benefit Percentage be whole numbers and **must** total 100% for each beneficiary type.

• For additional beneficiaries, please attach a separate sheet, signed and dated by the Owner, which includes names, percentages, and other required information.



- Jackson® will issue Annuity Type per the bold headings.

### Annuity Type

**IRA:**

- ☐ IRA - Traditional\*  
☐ Stretch IRA

**Roth IRA:**

- ☐ Roth Conversion  
☐ Roth IRA\*

\*Tax Contribution Years and Amounts:

Year: \_\_\_\_\_ \$ \_\_\_\_\_

Year: \_\_\_\_\_ \$ \_\_\_\_\_

**Non-Qualified Plan:**

- ☐ Deferred Compensation  
☐ Non-Tax Qualified

**Qualified Plan:**

- ☐ 401(k) Qualified Savings Plan  
☐ Cash Balance-Defined Benefit  
☐ Cash Balance-Defined Contribution  
☐ HR-10 (Keogh) Plan  
☐ Money Purchase  
☐ Profit Sharing Plan  
☐ Roth 401(k)  
☐ Target Benefit Plan

**TSA Plan:**

- ☐ 403(b) TSA

**SEP/IRA (408(k)):**

- ☐ SARSEP  
☐ SEP

**ORP:**

- ☐ ORP  
☐ Texas ORP

**Charitable Remainder Trust:**

- ☐ Charitable Remainder Annuity Trust  
☐ Charitable Remainder Unitrust

### Statement Regarding Existing Policies or Annuity Contracts

- It is required for Good Order that this entire section be completed.

COMPLETE

[X0512]  
 "REPLACEMENT OF LIFE INSURANCE OR ANNUITIES" WHERE REQUIRED (must be dated on or before the Application Sign Date to be in Good Order).

I (We) certify that: (please select one)

- ☐ I (We) do not have any existing life insurance policies or annuity contracts.  
☐ I (We) do have existing life insurance policies or annuity contracts.

**Notice to Producer/Representative: If the Applicant does have existing life insurance policies or annuity contracts you must present and read to the Applicant the Replacement of Life Insurance or Annuities form (X0512)- state variations may apply) and return the notice, signed by both the Producer/Representative and Applicant, with the Application.**

Are you replacing an existing life insurance policy or annuity contract? ☐ Yes ☐ No

If yes, complete the following Company information.

Company name

Contract number

Anticipated amount



\$
\$
\$

### Transfer Information

- For transfers, it is required for Good Order that this entire section be completed.

Non-Qualified Plan Types: ☐ IRC 1035 Exchange ☐ Non-1035 Exchange

All Other Plan Types: ☐ Direct Transfer ☐ Direct Rollover ☐ Non-Direct Rollover

Please check the appropriate box(es) under the "Transfer Type" and "Client Initiated" headings. If you have already, or plan to submit a transfer request to the surrendering institution, please select "Yes" under "Client Initiated."

**Jackson will only request the funds if this section is left blank or checked "No."**

Transfer Type	Client Initiated	Company releasing funds	Account number	Anticipated date of receipt	Anticipated transfer amount
<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No			/ /	\$
<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No			/ /	\$
<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No			/ /	\$

### Annuitization/Income Date

Specify Income Date (mm/dd/yyyy)

/	/
---	---

**If an Income Date is not specified, the Company will default to the Latest Income Date as shown in the Contract.**



- Make all checks payable to **Jackson National Life Insurance Company®**.

### Premium Payment

Select method of payment

☐ Check \$ \_\_\_\_\_ ☐ Wire \$ \_\_\_\_\_

☐ External Transfer \$ \_\_\_\_\_ ☐ Internal Transfer \$ \_\_\_\_\_

Optional Automatic Payment Plans

☐ List Bill (Not available on Target Select) ☐ PAC (Quarterly or Monthly only)

Optional Automatic Payment Plan Minimum Annual Premiums:  
\$1000 - Traditional Fixed  
\$2000 - Target Select Guaranteed Period Fixed

Mode:

☐ Annual ☐ Quarterly  
☐ Semi-Annual ☐ Monthly

### Annuity Product Selection

- It is required for Good Order that you select **ONE** product:  
[Traditional Fixed Annuity **OR** JNL Target Select® Guaranteed Period Fixed Annuity]

☐ **Traditional Fixed Annuity Product Name:** \_\_\_\_\_  
Write in the Product Name and select an Interest Rate Guarantee.

- ☐ 1-Year Standard Interest Rate Guarantee (Jackson will default to 1-Year option if no selection is made.)
- ☐ 3-Year Extended Interest Rate Guarantee (Subject to availability.)
- ☐ 5-Year Extended Interest Rate Guarantee (Subject to availability.)

**OR**

☐ **JNL Target Select** Guaranteed Period Fixed Annuity

Guaranteed Periods:

_____ % 1-Year	_____ % 2-Year	_____ % 3-Year
_____ % 4-Year	_____ % 5-Year	_____ % 6-Year
_____ % 7-Year	_____ % 8-Year	_____ % 9-Year
_____ % 10-Year		

- Tell us how you want your annuity premiums invested. **TOTAL ALLOCATION MUST EQUAL 100%.**

- Guaranteed periods may not be available in all states and are subject to availability.

### Optional Benefits All optional benefits may not be available in all states and once selected cannot be changed.

Age limitations apply based on the age of the Owner(s).

#### Earnings Protection Benefit

☐ **EarningsMax®** (Ages 0-75)  
Election of EarningsMax will result in lower credited interest rate(s). Ask your Producer/Representative for more details.



## Electronic Delivery Authorization

### I agree to receive documents electronically:

- Check the boxes next to the types of documents you wish to receive electronically. If an email address is provided, but no document type is selected, the selection will default to "All Documents."

<input type="checkbox"/> <b>ALL DOCUMENTS</b>	<input type="checkbox"/> Other Contract-related correspondence
<input type="checkbox"/> Annual statements	

This consent will continue unless and until revoked and will cover delivery to you in the form of a compact disc, by email or by notice to you of a document's availability on a website. Certain types of correspondence may continue to be delivered by the United States Postal Service for compliance reasons. Registration on Jackson's website ([www.jackson.com](http://www.jackson.com)) is required for electronic delivery of Contract-related correspondence.

I (We) do ☐ do not ☐ have ready access to computer hardware and software that meet the requirements listed below. My email address is: \_\_\_\_\_. I (We) will notify the company of any new email address.

The computer hardware and software requirements that are necessary to receive, process and retain electronic communications that are subject to this consent are as follows: To view and download material electronically, you must have a computer with Internet access, an active email account, Adobe Acrobat Reader and/or a CD-ROM drive. If you don't already have Adobe Acrobat Reader, you can download it free from [www.adobe.com](http://www.adobe.com)

There is no charge for electronic delivery, although you may incur the costs of Internet access and of such computer and related hardware and software as may be necessary for you to receive, process and retain electronic documents and communications from Jackson. Please make certain you have given Jackson a current email address. Also let Jackson know if that email address changes. We may need to notify you of a document's availability through email. You may request paper copies, whether or not you consent or revoke your consent for electronic delivery, at any time and for no charge. Please contact the appropriate Jackson Service Center or go to [www.jackson.com](http://www.jackson.com) to update your email address, revoke your consent to electronic delivery, or request paper copies. Even if you have given us consent, we are not required to make electronic delivery and we have the right to deliver any document or communication in paper form. This consent will need to be supplemented by specific electronic consent upon receipt of any of these means of electronic delivery or notice of availability.

## Authorized Callers

- If you want to authorize an individual other than your Producer/Rep to receive Contract information via telephone, please list that individual's information here.

First Name	Middle Name	Last Name
<b>Social Security/Tax I.D. Number</b>		<b>Date of Birth</b> (mm/dd/yyyy)
		/ /
First Name	Middle Name	Last Name
<b>Social Security/Tax I.D. Number</b>		<b>Date of Birth</b> (mm/dd/yyyy)
		/ /



## Notice to Applicant

**ARKANSAS, COLORADO, KENTUCKY, LOUISIANA, MAINE, NEW MEXICO, OHIO, PENNSYLVANIA, AND WEST VIRGINIA RESIDENTS, PLEASE NOTE:** Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

In **COLORADO**, any insurance company, or agent of an insurance company, who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding, or attempting to defraud, the policyholder or claimant with regard to a settlement or award payable from insurance proceeds, shall be reported to the Colorado Division of Insurance within the Department of

Regulatory Agencies.

**DISTRICT OF COLUMBIA RESIDENTS, PLEASE NOTE: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

**MARYLAND AND RHODE ISLAND RESIDENTS, PLEASE NOTE:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NEW JERSEY RESIDENTS, PLEASE NOTE:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

## Client Acknowledgements

1. I (We) hereby represent to the best of my (our) knowledge and belief that each of the statements and answers contained in this application are true, complete, and correctly recorded.
2. I (We) certify that the Social Security or Taxpayer Identification Number(s) shown above is (are) correct.
3. The Contract I (we) have applied for is suitable for my (our) insurance investment objectives, financial situation, and needs.
4. I (We) understand that the amount payable on surrender may be adjusted up or down by the application of an excess interest rate adjustment (market value adjustment) factor (in states where applicable) or withdrawal charges. No excess interest adjustment (market value adjustment) will be applied to death benefit proceeds.
5. I understand the restrictions imposed by 403(b)(11) of the Internal Revenue Code. I understand the investment alternatives available under my employer's 403(b) plan, to which I may elect to transfer my Contract Value.
6. I (We) certify that the age(s) of the Owner and any Joint Owner, Annuitant, or Joint Annuitant, if applicable, stated in this application is (are) true and correctly recorded for purposes of electing an Optional Benefit.

**!** It is required for Good Order that all applicable parties to the Contract sign here.

**Owner's Signature**

**Date Signed (mm/dd/yyyy)**

 /  / 

**State where signed**

**Owner's Title (required if owned by an Entity)**

**Joint Owner's Signature**

**Date Signed (mm/dd/yyyy)**

 /  / 

**State where signed**

**Annuitant's Signature (if other than Owner)**

**Date Signed (mm/dd/yyyy)**

 /  / 

**State where signed**

**Joint Annuitant's Signature (if other than Joint Owner)**

**Date Signed (mm/dd/yyyy)**

 /  / 

**State where signed**



**!** Complete this certification regarding sales material section only if:

- Your client has other existing policies or annuity contracts

**AND**

- Will be either terminating any of those existing policies or using the funds from existing policies to fund this new Contract.

## Producer/Representative Acknowledgements

I certify that:

- ☐ I did not use sales material(s) during the presentation of this Jackson product to the applicant.
- ☐ I used only Jackson-approved sales material(s) during the presentation of this Jackson product to the applicant. In addition, copies of all approved sales material(s) used during the presentation were left with the applicant.

By signing this form, I certify that:

1. I am authorized and qualified to discuss the Contract herein applied for.
2. I have fully explained the Contract to the client, including Contract restrictions and charges and I believe this transaction is suitable given the client's financial situation and needs.
3. The Producer/Representative's Certification Regarding Sales Material has been answered correctly.
4. I have read Jackson's Position With Respect to the Acceptability of Replacements [XADV5790] and ensure that this replacement (if applicable) is consistent with that position.
5. The applicant's Statement Regarding Existing Policies or Annuity Contracts has been answered correctly to the best of my knowledge and belief.
6. The applicant's statement as to whether or not an existing life insurance policy or annuity contract is being replaced is true and accurate to the best of my knowledge and belief.
7. I have complied with requirements for disclosures and/or replacements as necessary.

Jackson Prod./Rep. No.	Producer/Representative Signature	Date Signed (mm/dd/yyyy)
		/ /

First Name	Middle Name	Last Name

Broker/Dealer Name

**Program Options**

A	B	C
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Address (number and street)

City

State

ZIP Code

Email Address

Business Telephone No. (including area code)

( )

Percentage

%

- **Program Options Note:** Contact your home office for program information. If no option is indicated, the designated default will be used.

- **!** It is required for Good Order that all Producer/Rep numbers be supplied.

If more than one Producer/Representative is participating in a Program Option on this case, please provide all Producer/Representative names, Jackson Producer/Representative numbers and percentages for each (totaling 100%).

Producer/Representative Name	Jackson Producer/Representative No.	Percentage
		%

Producer/Representative Name	Jackson Producer/Representative No.	Percentage
		%

**Not FDIC/NCUA Insured • Not Bank/CU guaranteed • May lose value  
Not a deposit • Not insured by any federal agency**

<i>SERFF Tracking Number:</i>	<i>JACK-126427835</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Jackson National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44418</i>
<i>Company Tracking Number:</i>	<i>X5300 11/09</i>		
<i>TOI:</i>	<i>A02.11 Individual Annuities- Deferred Non-Variable and Variable</i>	<i>Sub-TOI:</i>	<i>A02.11.002 Flexible Premium</i>
<i>Product Name:</i>	<i>Fixed Annuity Application</i>		
<i>Project Name/Number:</i>	<i>Fixed Annuity Application/X5300 11/09</i>		

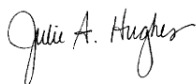
## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> AR - Flesch Certification.pdf		
<b>Satisfied - Item:</b> Application <b>Comments:</b> See Form Schedule Tab		
<b>Satisfied - Item:</b> Statement of Variability <b>Comments:</b> <b>Attachment:</b> X5300 Statement of Variability 12-28-09.pdf		
<b>Satisfied - Item:</b> AR - Certification Notice <b>Comments:</b> <b>Attachment:</b> AR - Certification Notice.pdf		

## CERTIFICATION

This is to certify that the attached Application for X5300 11/09 has achieved a Flesch Reading Ease Score of 52.2 and complies with the requirements of Arkansas State Ann. §66-3251 through §66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Jackson National Life Insurance Company



By: \_\_\_\_\_

Julie Hughes  
Assistant Vice-President  
Product Drafting and State Filing Department

Date: December 28, 2009

Arkansas



**JACKSON NATIONAL LIFE INSURANCE COMPANY**  
**STATEMENT OF VARIABILITY**

**Form Number: X5300 11/09**

**Rev. 12/28/2009**

Page(s)	Bracketed (Variable)	Range of Variables
1	Fixed Annuity Application [(07/10)]	This is the current revision date of this application. This number would change if there were a change to the bracketed information on the application requiring revision of the applications. If changed, this will reflect a revised revision date.
1, 5	[Home Office: Lansing, Michigan <a href="http://www.jackson.com">www.jackson.com</a> ]	This is the current home office address, city/state and website of Jackson National Life Insurance Company. In the future, if changed, this will reflect a different, valid address within the confines of the United States, as well as a valid Company website.
1	Customer Care Mailing Address and Contact Information	These are the current post office boxes and toll-free telephone numbers of Jackson's Customer Care Service Centers. In the future, if changed, this will reflect a valid street address within the confines of the United States, as well as a valid telephone number and email address.
1	[Type of Ownership: <input type="checkbox"/> Individual/Joint <input type="checkbox"/> Trust <input type="checkbox"/> Custodian <input type="checkbox"/> Corporation/Pension Plan]	These are the current types of annuity ownerships the Company is currently tracking. Should Company needs require a change to add to or eliminate ownership types, this section would be modified.
1	Form [W-9] Form [W-8BEN]	These are IRS forms that are required for all non-U.S. Citizen and/or non-U.S. resident applicants. In the future, if the IRS changes the form number of these forms, this will reflect a different, valid form number. We will not make a change to these numbers independent of a change made by the IRS.
1	Trustee Certification form [X5335]	This is the current form number for the administrative form listed. In the future, if changed, this will reflect an updated administrative form number.
1-7	Control Number [X5300 07/10]	This number would change if there were a change to the bracketed information on the application requiring revision of the application. If changed, this will reflect a revised control number and/or revision date.
3	[Annuity Type] section	The IRS rules regarding annuity types may change. Any changes regarding annuity types made by IRS rules would be changed in this section as well.
3	Notice Regarding Replacement form [X0512]	This is the current form number for the administrative form listed. In the future, if changed, this will reflect an updated administrative form number.
3	Transfer Information [Non-Qualified Plans Types: <input type="checkbox"/> IRC 1035 Exchange <input type="checkbox"/> Non-1035 Exchange All Other Plan Types: <input type="checkbox"/> Direct Transfer <input type="checkbox"/> Direct Rollover <input type="checkbox"/> Non-Direct Rollover]	These are the current transfer options offered by the Company. Any different information will reflect new market options.
4	Optional Automatic Payment Plans [ <input type="checkbox"/> List Bill (Not available on Target Select) <input type="checkbox"/> PAC (Quarterly or Monthly only) Optional Automatic Payment Plan Minimum Annual Premiums: \$1000 - Traditional Fixed \$2000 - Target Select Guaranteed Period Fixed]	These are the optional payment plans offered by the Company. Any different information will reflect new optional automatic payment options and/or minimum annual premiums for the optional automatic payment options.
4	[Annuity Product Selection] section	These are the Annuity Products and guaranteed periods offered by the Company, which may be selected using this application. Should products be added (as approved) or removed from this section, the products listed here would also be updated. In addition, if marketing names for those products should change, new marketing names would be reflected here.

Page(s)	Bracketed (Variable)	Range of Variables
4	[Traditional Fixed Annuity <b>OR</b> JNL Target Select Guaranteed Period Fixed Annuity]	These are the current product offered within the Annuity Product Selection section, to which this margin note refers. Should products be added (as approved) or removed from this section, the products listed here would also be updated. In addition, if marketing names for those products should change, new marketing names would be reflected here.
4	[Optional Benefits] section	These are the Optional Benefits offered by the Company. Additional benefits may be added (as approved) or removed.
5	Electronic Delivery of Statements/Correspondence <input type="checkbox"/> ALL DOCUMENTS <input type="checkbox"/> Annual statements <input type="checkbox"/> Other Contract-related correspondence.]	These are the current documents offered electronically by the Company. Any different information will reflect new statements or correspondence provided by the Company.
5	[ <a href="http://www.adobe.com">www.adobe.com</a> ]	This is this website for Adobe Systems Incorporated. Any different web address will reflect the current website where Adobe Acrobat Reader or other software program may be downloaded.
6	Notice to Applicant section: Fraud Notice Disclosures	Bracketed for changes required by states for disclosure regarding fraud notice.
7	Position With Respect to the Acceptability of Replacement Materials [XADV5790]	This is the current form number for the administrative form listed. In the future, if changed, this will reflect an updated administrative form number.
7	Program Options <input type="checkbox"/> Option A etc.]	These are the current program options available to the Producer. The Company could add options or delete options.

CONSENT TO SUBMIT RATES  
AND/OR COST BASIS FOR APPROVAL


The Jackson National Life Insurance Company of Lansing, Michigan does hereby consent and agree:

- A) that all premium rates and/or cost basis both “maximum” and “current or projected,” used in relation to form number X5300 11/09 must be filed with the Insurance Commissioner for the State of Arkansas (“Commissioner”) at least sixty (60) days prior to their proposed effective date. Such rates and/or cost basis shall be deemed effective sixty (60) days after they are filed with the Commissioner, unless the Commissioner shall approve or disapprove such rates and/or cost basis prior to the expiration of sixty (60) days.

or

- B) that where the policy is a flexible or indeterminate premium whole life policy which provides for frequent changes in interest rates based on financial market conditions, the company may file a range of rates it will stay within and will notify the Department at least sixty (60) days prior to any change in the range of rates. The company must also document the method used to calculate its premium and range of rates.

Jackson National Life Insurance Company

By :   
\_\_\_\_\_  
Julie Hughes  
Assistant Vice-President  
Product Drafting and State Filing Department

Date: December 28, 2009